

STATE PROJECT NO. _____

F.A.P. _____

HIGHWAY _____

ROUTE _____

PARISH _____

MOVING EXPENSE CLAIM
(NON-RESIDENTIAL)

Parcel No. _____

Claimant _____

Old Address _____

New Address _____

New telephone _____

Business Name _____

Owner

Tenant _____

Commercial _____ Non-profit _____ Farm _____

Outdoor Advertising Sign _____

1

I. MOVING EXPENSE COST (A or B)

A. Commercial Move

1 Moving Company

2 Date moved to new address

3 Moving Expense to Company

2

4 Storage Expense

a. Location of storage

b. Date into storage

c. Date out of storage

d. Storage costs

5 Reestablishment Expenses (attach worksheet)

6 Total Charges (sum of lines 3, 4.d, and 5)

(All charges must be supported by receipted invoices)

\$0.00

B. Self Move (Not to exceed estimated cost of commercial move)

1 Date moved to new address

2 Total charges (attached copies of bids, or finding(s) or receipted invoices, as appropriate.)

3 Reestablishment Expenses (from worksheet)

4 Total charges

3

\$0.00

II. IN LIEU OF MOVING EXPENSE

A. Date property vacated _____

B. Payment Calculations:

1 Business in operation 2 previous full taxable years.

a. 1st taxable year prior to displacement:

b. 2nd taxable year prior to displacement:

c. Average of the two taxable years:

2 Business in operation less than 24 months prior to displacement:

(net earnings)

(# of months)

X 12

4

C. Payment: (line B.1.c or line B.2)

5

III. ADDITIONAL EXPENSES

A. Actual direct loss of tangible personal property:
Losses claimed (attach explanation)

B. Searching expenses
Expenses claimed (attach explanation)

IV. OTHER COSTS (ATTACH EXPLANATION)

V. TOTAL AMOUNT THIS CLAIM

Less previous payment (s)

(complete check data at right and total

Amount Due

Check #

Check Date

Amount

TOTAL

CERTIFICATION:

I hereby certify that the information contained and submitted is to the best of my knowledge true and correct.

I also certify that the personal property items actually relocated and for which expenses are claimed, are substantially the same as those items shown in the certified inventory dated _____.

claimant's signature

Title

Date

RECOMMENDED FOR APPROVAL/
DISAPPROVAL

R/E AGENT

DATE

DIST. MGR / PROJECT MGR

DATE

- Notes:
- 1 Displacee must secure Departments's approval of estimated cost before move is made.
- 2 Reimbursements will be limited to cost of storage not to exceed 12 months.
- 3 Eligibility must be established and approved by Department in advance of move. Not applicable for outdoor advertising signs.
- 4 Maximum payment, \$20,000; minimum payment, \$1,000. Must be supported by tax returns or other appropriate documentation.
- 5 Must be coordinated with Department in advance.